

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| COMMITTEE INFORMATION | | | | | | | |
|--|--------------|--|--------------------|--|--|--|--|
| 1. Full Name of Committee (as on Statement of Organization) Check if this is a new name | | | | | | | |
| STEVE TALLEY FOR LAWRENCE TOWNSHIP TRUSTEE | | | | | | | |
| | | mmittee Telephone Number | | | | | |
| | (31 | 7,441-5185 | | | | | |
| 4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address | | | | | | | |
| 5444 EAST HOLD STREET | | | | | | | |
| 5. City, State, ZIP Code | | ty Affiliation (if applicable) | | | | | |
| INDIANAPOLIS, IN 46226 | DE | EMOCRATIC | | | | | |
| CANDIDATE INFORMATION (For Candidate's C | ommitte | ees Only) | 22 THE ST | | | | |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | ty Affiliation or If Independent Candidate | | | | | |
| STEVE TALLEY | DE | EMOCRAT | 10 | | | | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | | | | | | | |
| LAWRENCE TOWNSHIP TRUSTEE | | MARION | | | | | |
| TYPE OF REPORT | | CONVENTIO | N CANDIDATES ONLY | | | | |
| 11. Check one: | | Check one: | | | | | |
| Pre-Primary Pre-Election Annual Nomination Other | | Pre-Convention | | | | | |
| Final/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement of | Organization |) Post-Con | vention | | | | |
| 12. Reporting Period: | | COLUMN A | COLUMN B | | | | |
| From: JAN. 1, 2015 Through: DEC. 31, 2019 | 5 | This Period | Year to Date | | | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | 396.39 | | | | | |
| 14. Cash on hand and investments January 1, current year. | | | 896.39 | | | | |
| CONTRIBUTIONS AND RECEIPTS | | | | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | 201 22 | | | | |
| 15a, Itemized (use Schedule A) | | 500,00 | 896.39 | | | | |
| 15b. Unitemized | | | ~~ | | | | |
| 15c. Add lines 15a and 15b in both columns SUBTo | | 500.00 | 896.39 | | | | |
| | OTAL | 896.39 | 896.39 | | | | |
| EXPENDITURES | | | | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | Mary of Continue | | | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | - | | | | | |
| 17b, Unitemized | | _ | _ | | | | |
| 17c, Add lines 17a and 17b in both columns | TOTAL | - 0 - | - 0 - | | | | |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | 896,39 | 896.39 | | | | |
| 19. Debts OWED BY the committee (use Schedule D) | | | | | | | |
| 20. Debts OWED TO the committee (use Schedule E) | | 765 | | | | | |
| CERTIFICATION FOR OFFICE USE ONLY | | | | | | | |
| I CERTIFY THAT I HAVE EVANINED THIS STATEMENT. TO THE REST OF MY KNOW! EDGE AND DELICE IT IS TO | DIE CODE | | OK OFFICE OUR ONLI | | | | |

Signature of Treasurer Title Treasurer Signature of Candidate (if applicable) Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5)/A person who knowingly files a fraudulent report commits a Class D feleny. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Myla a. Eldredge

JAN 13 2016



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

Please type or print legibly IN see instructions on the reverse

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year, Otherwise, this is optional.

| FILE NUMBER | | | | |
|-------------|---|----|---|--|
| | * | | 0 | |
| Page _ | 1 | of | 1 | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| STEVE TALLEY 5444 EAST 401K STREET | Contributions: □ Direct □ In-Kind (describe) | \$5000 | TEARTOONIE | 12/24/15 |
| INDIANAPOLIS IN 46226 | Other Receipts: Interest Loan Misc. (specify) | | æ | STEVE TALLEY |
| Contributor's Occupation (if required) | | 1 | | |
| 2. | Contributions: Direct In-Kind (describe) | 8 | | 5 8 |
| Contributor's Desugation of conduct | Other Receipts; Interest Loan Misc. (specify) | | | |
| Contributor's Occupation (# required) | Contributions: | | | |
| * | ☐ Direct☐ In-Kind (describe) | 2 | 2 | |
| | Other Receipts: Interest Loan Misc. (specify) | | | |
| Contributor's Occupation (if required) | - | | | |
| 4. | Contributions: Direct In-Kind (describe) | | | 501 |
| | Other Receipts: Interest Loan Misc. (specify) | li . | | a . |
| Contributor's Occupation (if required) | | | | = |
| 5. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Misc. (specify) | | f | |
| Contributor's Occupation (if required) | | | | |
| | | \$ | | |
| TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM | ON THE LAST PAGE ONLY 15a of the Summary Sheet) | \$ | | Silveria. |